PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/679,002 Filing Date 10/03/2003				To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY □ OR SMALL ENTITY					
FOR			JMBER FIL	.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =					x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	f the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction is U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL					
* If the difference in column 1 is less than zero, enter "0" in column 2.										J	TOTAL		
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	03/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 34	Minus	28		= 6		x \$ =		OR	X \$50=	300	
	Independent (37 CFR 1.16(h))	• 3	Minus	 3		= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))									$ldsymbol{ldsymbol{\sqcup}}$			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Г								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	300	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus			=		x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***				x \$ =		OR	x \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))									l			
ΑV	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "fliphes humber Previously Paid For IV THIS SPACE is less than 20, enter "20". "If the "fliphest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". If the "fliphest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". Linda W. Badie The "fliphest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". Linda W. Badie The "fliphest Number Previously Paid For IV THIS SPACE is less than 3, enter "20". Linda W. Badie Linda W. Bad												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.12 and 37 CFR 1.4. It has location in estimated to the bet 2 minutes to complete, encluding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.